

National ECD Community of Practice



Department of Health
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Our Children- Our Future



Evaluation of Nutrition Interventions for Under 5s



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Background



Overview

- The DPME commissioned a Diagnostic/ Implementation evaluation of Nutrition Interventions for Children Under 5
- Partners DoH, DSD, DAFF, DRDLR, DPME, UNICEF
- Report tabled at the Social Protection, Community and Human Development Cluster and Cabinet



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Background



Evaluation

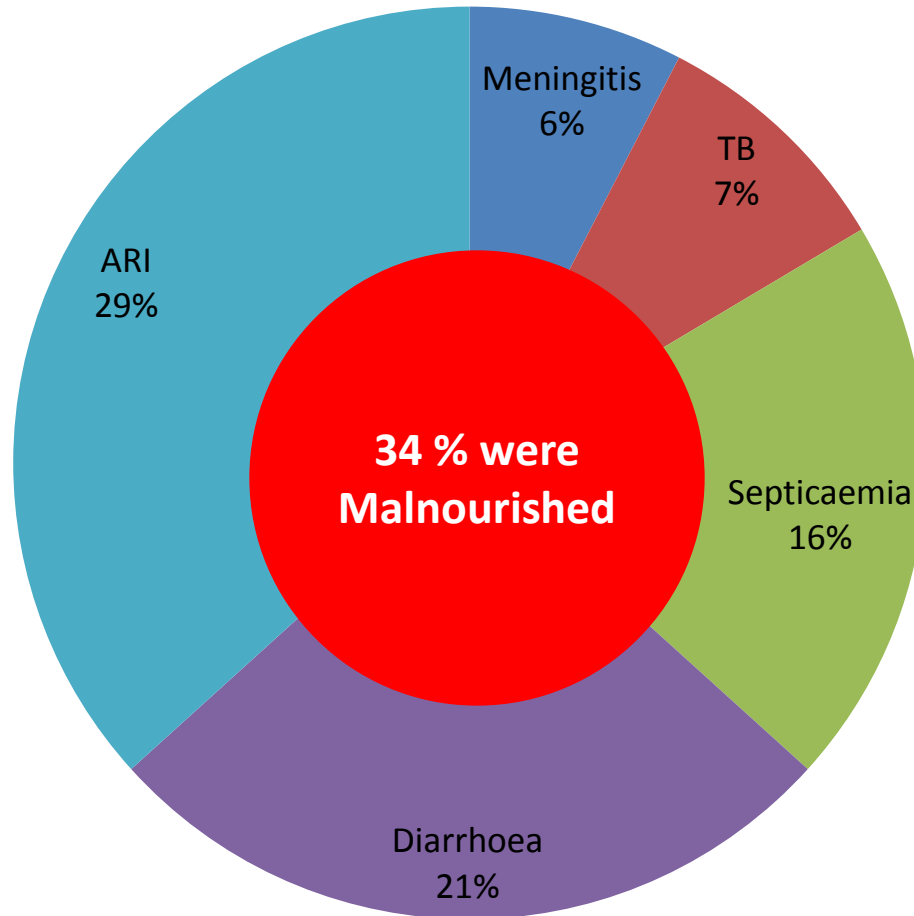
- Study completed in March 2014 – undertaken independently by Khulisa Management Services
- Field work in 4 provinces, KZN, E Cape, W Cape and Free State
- Compared South Africa's response to nutrition with 5 countries which have successfully improved nutrition, including Brazil, Colombia, Mozambique, Malaysia, and Malawi.
- Looked at 18 nutrition interventions (5 high impact) with 4 detailed case studies



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CAUSES OF CHILDREN UNDER 5 DEATHS IN RSA

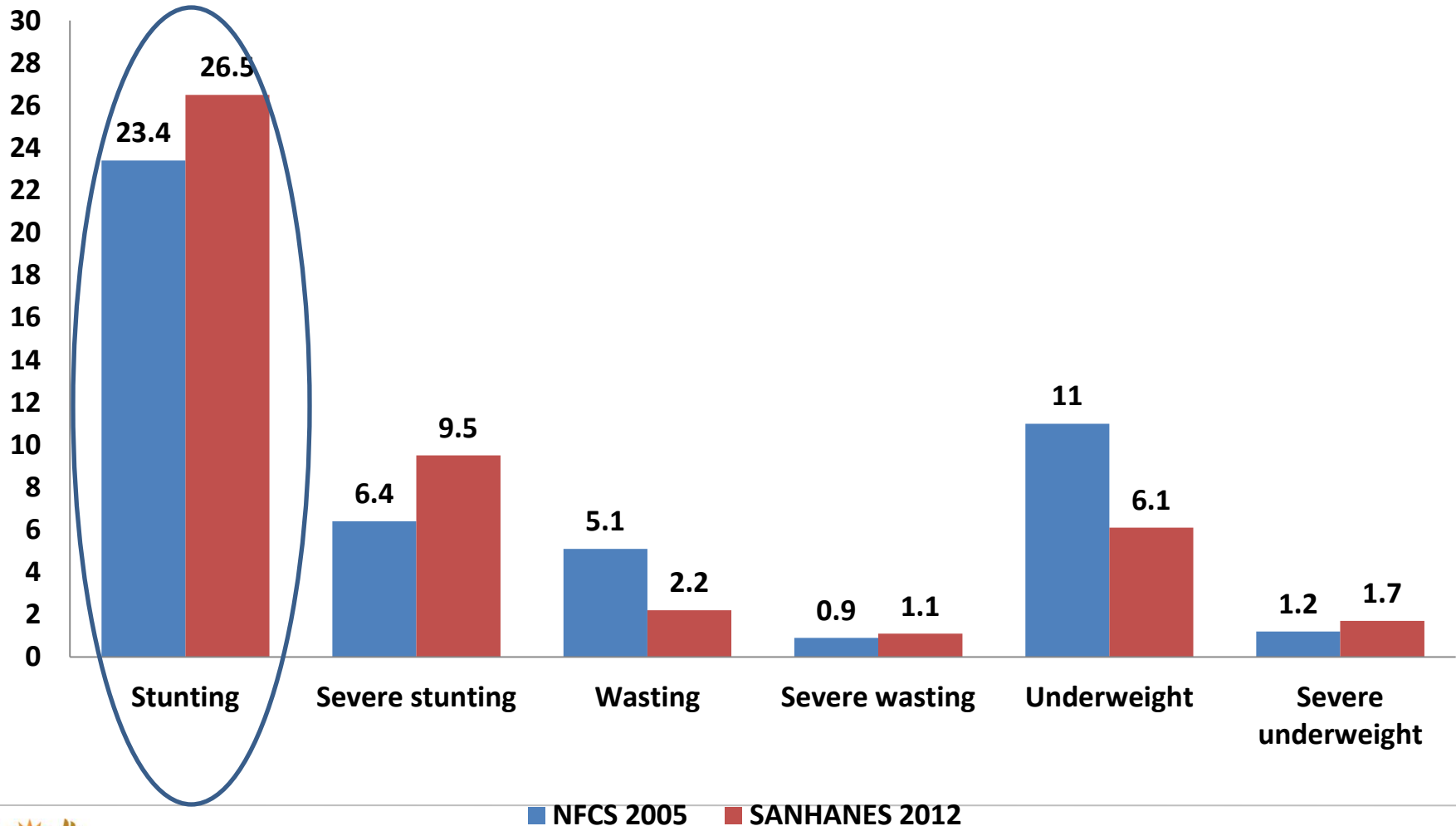


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Saving Children, 2013

UNDERNUTRITION IN 1-3 YEAR OLDS

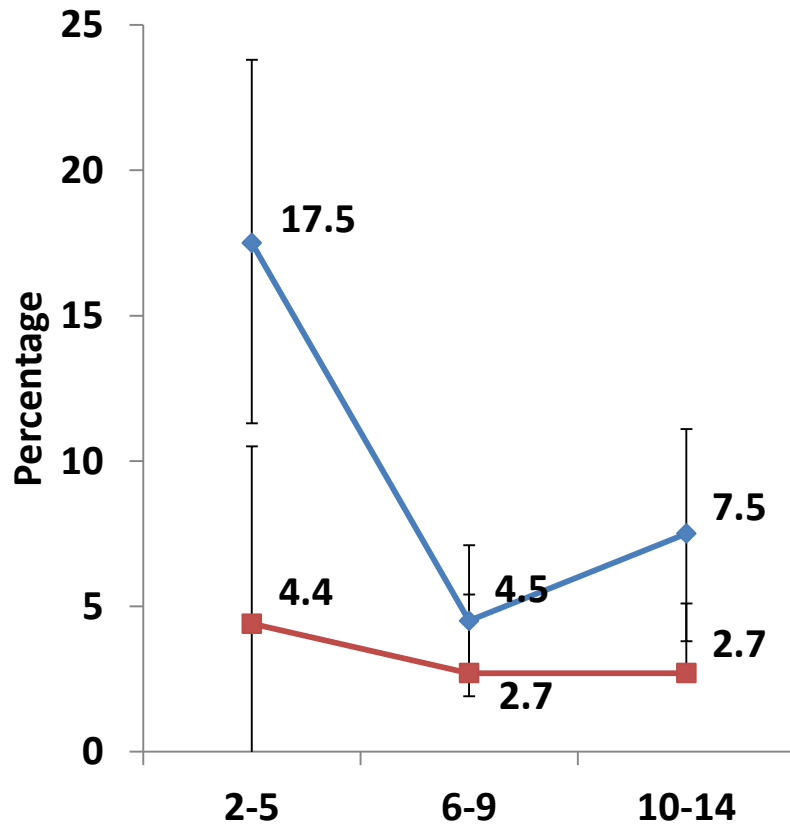


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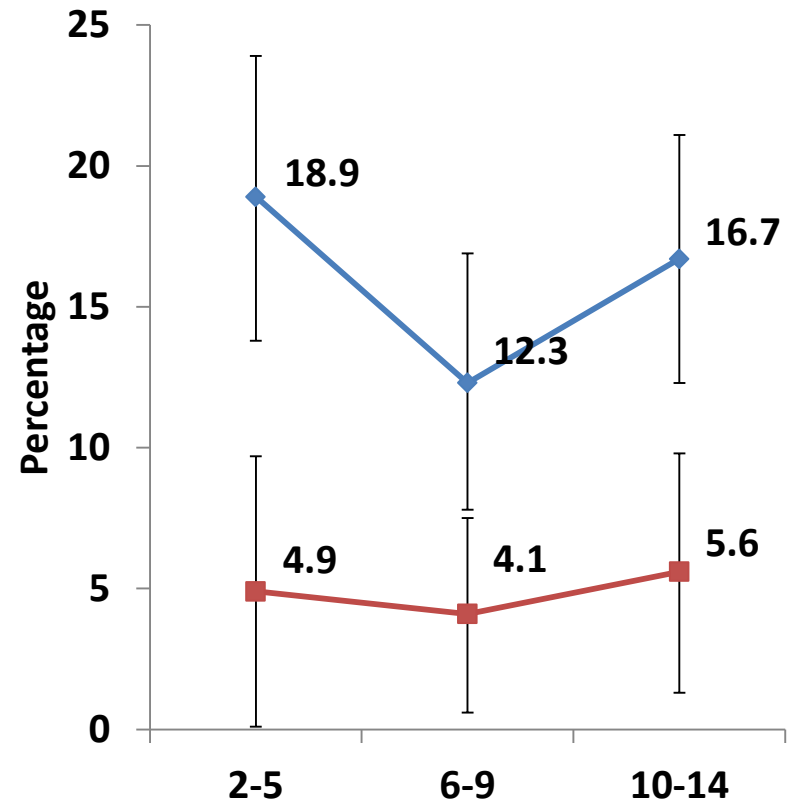
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Prevalence of overweight and obesity of children aged 2-14 years by sex & age, SA 2012

Males (n=2123)



Females (n=2155)



◆ Overweight (BMI 25-29.9) ■ Obese (BMI 30+)

SANHANE

Evaluation Focus



The Focus of the Evaluation was on Determining the:

- Sufficiency of National and Provincial Policies
- Leadership and Resource Allocation
- District Management and Oversight; and
- Local level services delivery



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Key Findings



18 Nutrition Interventions

- 9/18 interventions scored positively for implementation effectiveness – mostly clinical interventions from DoH and ECD food support
- Remaining 9 interventions scored significantly lower - mainly DoH behaviour change interventions and food access and agricultural interventions
- Factors contributing to strong implementation include: nutrition sensitivity, clear targets for pregnant women/children under 5, and standard operating procedures/ guidelines



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Implementation Effectiveness Scores



	Nutrition Intervention * High impact interventions (Responsible Gov't Department)	TOTAL SCORE (% possible points)	Comments
1	BANC (Basic ante-natal care) – education and supplements, timing (DoH)	81.3%	Intervention is mainstreamed, prioritised, tracked through M&E. Staff are skilled, supplies are adequate.
2	Food fortification (Vitamin A, Iron and Iodine)* (DoH)	80.0%	Targets only partially being reached as small millers are not fully engaged, and insufficient monitoring of fortified products produced by large food companies.
3	Early Childhood Development (ECD) (food in ECD centres) (DSD)	75.0%	Targets are unknown, access to ECD centres is limited; MOH-DSD linkages are established.
4	Management of moderate malnutrition including targeted supplementary feeding*(DoH)	68.8%	Recording in the malnutrition registers is inconsistent; stockouts occur. Counseling is weak. Limited to no linkages with community-based workers (gov't or NGO) for referral or follow-up support.
5	Oral Rehydration Salts (ORS) and Zinc* (DoH)	68.8%	Indicator is incidence of diarrhoea - not service being provided and no measures of ORS or Zn provision. No targets for provision of this service. Staff knowledge variable. Stockouts occur. Space for ORS demonstrations limited.
6	Micronutrient supplementation, including Vitamin A *(DoH)	66.7%	Targets are not set for all micronutrients. Health worker knowledge around micronutrients is highly variable; stockouts occur; limited engagement with NGOs, DSD, or ECD for supplementation campaigns; Vitamin A target is low, and is being reached, but doesn't specify number of doses (Vitamin A).
7	Deworming (DoH)	66.7%	Target is not set for deworming, but assumption is that it is the same as Vitamin A. Target doesn't specify number of doses. Limited engagement with NGOs, DSD, or ECD for deworming campaigns.
8	Management of severe malnutrition*(DoH)	66.7%	This is delivered at hospitals, but hospitals were not included in data collection. Target around case fatality is tracked. Downward referral or follow-up support is lacking or limited. Linkages with (DSD) food access and DAFF food security not evident.
9	IMCI (Integrated management of childhood illnesses) (DoH)	66.7%	Some of the components of IMCI have targets, and some don't. There's some shortage of trained IMCI staff. There are no linkages with other gov't departments or partners. IEC materials around feeding sick children are lacking in many facilities. Counseling is limited.

Implementation Effectiveness Scores



Nutrition Intervention * High impact interventions (Responsible Gov't Department)		TOTAL SCORE (% possible points)	Comments
10	Growth monitoring and promotion including the use of Mid-Upper Arm Circumference (MUAC) measurements (DoH)	50.0%	No indicator for tracking of the delivery of the service; GM equipment at facilities is not always available; limited routine GM services; when GM occurs, there is often inaccuracies in plotting and interpretation; and little attendant counseling. No linkages with community based services or other gov't interventions.
11	Access to (nutritious) food, food prices (DAFF)	50.0%	Zero-VAT rating provides everyone with a nutrition benefit. But even with zero-VAT rating, nutritious foods can be more expensive than non-nutritious food. Taxation policies can be refined to be more nutrition sensitive.
12	Breastfeeding support* (DoH)	44.4%	The EBF goal is not being reached. There are limited linkages with Department of Public Service and Administration (DPSA) around workplace opportunities, with municipalities around the monitoring of the new Regulations, and with DSD around community based BF support (EC only). Few if any breast pumps, IEC materials, etc. An education campaign aiming at addressing cultural beliefs regarding expressed breast milk (and broadening access to breast milk by mothers who cannot breast feed) should also be considered.
13	Complementary feeding* (DoH)		Little to no evidence of implementation. No linkages with other gov't departments or other partners. Insufficient staff to do counseling.
14	Food access (e.g. food parcels, soup kitchens) (DoH)	33.3%	Intervention is focused on quantity of food and not quality. No nutrition focus.
15	Food security (output 2 of outcome 7 in the National Priority Outcomes) (DRDLR/DAFF)	25.0%	Records based on households, but no specific targeting of those w/ pregnant women or young children. Staffing in short supply everywhere. No to limited linkages with other gov't departments or partners.
16	Nutrition education and counseling (part of all of these) (DoH)	22.2%	No targets established, no or very limited linkages with other gov't departments or partners for outreach of intervention. Insufficient IEC. Insufficient knowledge among health care workers around important counseling topics.
17	Improving hygiene practice (including in relation to water and sanitation) (DoH)	18.8%	Although the supply of water and sanitation has increased, there's little information about the hygiene education that is meant to accompany toilet construction. Few respondents could comment on this intervention, but the literature suggests that little education is being done.
18	Household food production and preservation (home gardening) (DAFF)	18.8%	Although both DAFF and DSD provide this intervention, coordination and linkages between the 2 is not evident. Both have staff shortages. There are limited to no linkages with other partners.

Key Findings



Mainstreaming of Nutrition Interventions

- Nutrition better mainstreamed in DoH through its delivery platform of curative health care services
- Sub-optimal main streaming of behavioural change related interventions (e.g. Hand washing, breastfeeding, etc.)
- DSD's food access interventions inadequately mainstreamed - lack of guidelines and monitoring to address quality of food provided, and lack of targeting of young children most vulnerable to malnutrition.
- In agriculture, no nutrition sensitivity in programme design



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Key Findings



Policy Gaps and Leadership

- No policies govern the inappropriate marketing of unhealthy (obesogenic) food to children – Draft Regulations in place
- Linkages of nutrition targets with various govt. depts. APP - more obvious for DoH than other depts
- Leadership and Coordination mechanisms for nutrition is more visible for DoH at all levels than for other departments.



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Key Findings



Continued.....

- All departments have staff shortages and lack nutrition-trained personnel. Community workers can contribute (as in KZN/EC) but support, oversight and monitoring by nutrition-trained supervisors is crucial.
- Nutrition knowledge among nutrition staff e.g. nurses is inadequate except for nurses in KZN
- There are stockouts of key commodities, a shortage of information, education and communication materials



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Recommendations



- Develop integrated nutrition plan/framework for interventions for children under 5
- Establish supra departmental structure for coordination of nutrition (National Health Commission/Food & Nutrition Security Advisory Committee, ECD Agency?)
- Posts at a higher level to champion nutrition
- Use community-based nutrition workers /NGOs using Community Works Programme/EPWP to support implementation (e.g. KZN model)



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Recommendations



- Strengthen focus on behaviour change and include training on nutrition for local services
- Establish national norms for nutrition supplies
- DAFF to look at integrated household food production programme using community-based workers and NGOs
- DSD's Community Nutrition and Development (CNDC) centres should be expanded to cover children under 5 discharged from hospitals



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Recommendations



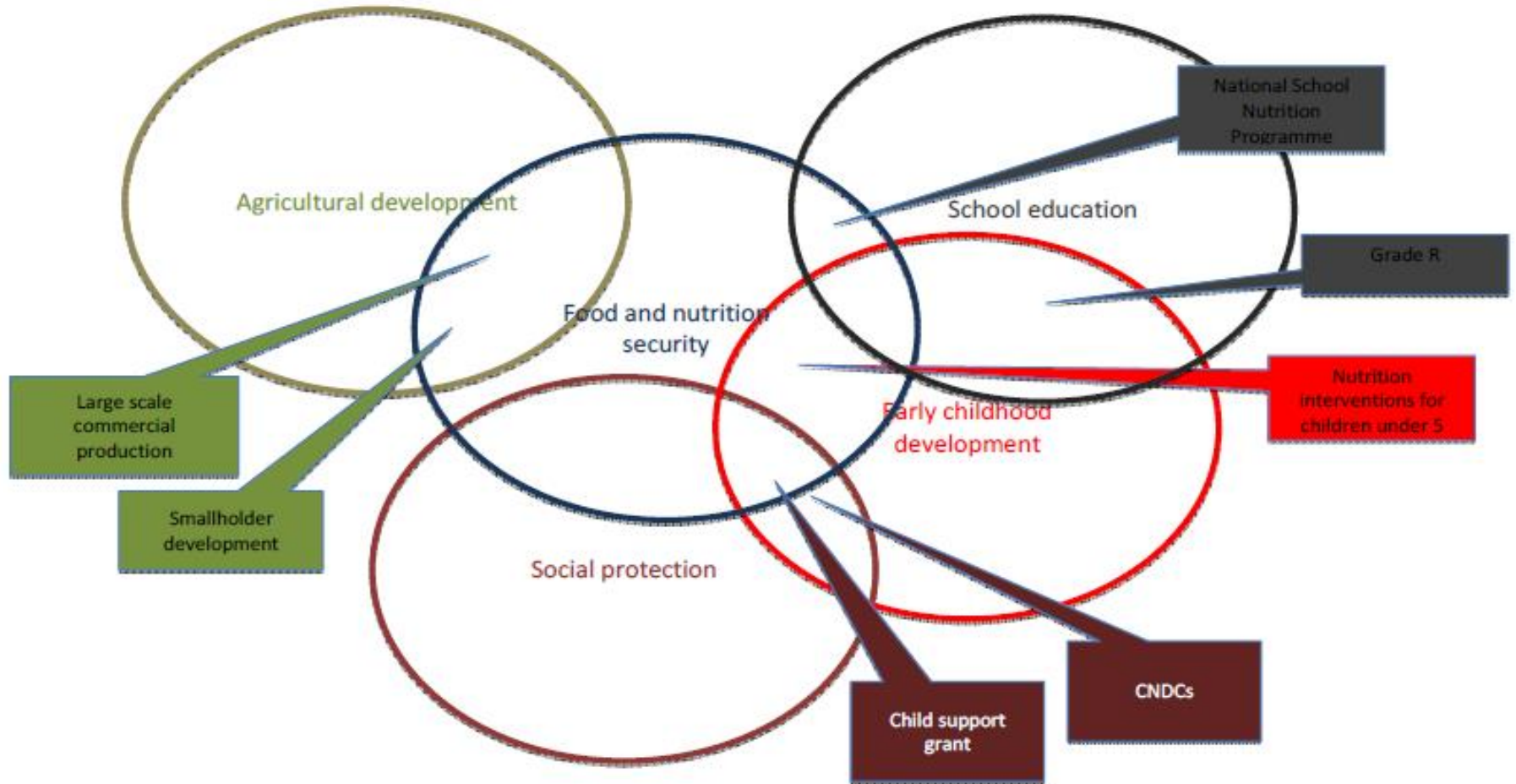
- Community level services provided at community and facility level in a PHC context
- promote use of healthy and diverse foods – guidelines to be developed by DOH for various government departments providing food e.g. Soup kitchens, voucher system, home gardening, etc.
- Improve focus on food security – specific reference to children
 - explore roles that NGO's supporting food gardens can play,
 - Food parcel composition and production of indigenous nutrient rich foods



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Multi-Sectoral Nature of Nutrition



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Thank You



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